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ABSTRACT

Although supervisors report important commonalities among beginning and more advanced psychotherapy trainees, individual differences in supervisees' background, personality, and ability are influential factors affecting the nature of the supervision process. For students who are just beginning to do psychotherapy, the overriding task is to manage their anxiety in the room. Beginners may be so anxious about what to say or do they fail to listen to the client. Beginners' work tends to entail more cognitive processes and less exploration of their own feelings and reactions to the client. Other characteristics of beginning therapists include reliance on process notes, dependency on the supervisor to do thinking and decision making, and dealing with anxiety by being passive or overly active toward the client. Much of the reward for beginning therapists derives from initial experiences. Vulnerability to evaluations and doubts about competence are major problems for beginners. When sessions do not go well or when therapies are unsuccessful, it may be devastating to beginners' general self-esteem. Advanced psychotherapy trainees are able to apply more sophisticated techniques in therapy. Advanced students are capable of coherently summarizing and condensing a session and are better prepared to deal with their own feelings and fantasies about the client. They can settle into the therapist's role and start to draw upon their own personal strengths. They also may be more set in their ways and demand more respect than beginners. (KGB)

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Developmental Stages in Learning Psychotherapy

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A paper presented as part of a symposium entitled, "Issues in the Training and Development of Psychotherapists," at the annual meeting of the Eastern Psychological Association, Boston, March, 1985.

Developmental Stages in Learning Psychotherapy

I'm going to be presenting the findings from a research project I recently did in which I asked supervisors of psychotherapy trainees to describe their supervisory work with beginning, as compared to more advanced student therapists. For this project, I interviewed six supervisors whose length of experience ranged from 1 to 21 years and whose predominant orientations were psychodynamic, interpersonal, or eclectic. Before I go on to talk about some general characteristics of student therapists at different stages in their development, I need to make two qualifications regarding my findings. First, although I'll be reporting on important commonalities among beginning, and then later, among more advanced trainees, all of the supervisors I interviewed felt that individual differences in their supervisees' background, personality, and ability were very influential factors affecting the nature of the supervision. Secondly, I am assuming that the choices made by supervisors about how they work with beginning versus more advanced student therapists accurately reflect their supervisees' real attributes. I hope that the material I present will strike you as familiar and meaningful from your own experience as supervisors or, like myself, as students engaged in the demanding and complex process of learning to do psychotherapy.

For students who are just beginning to do psychotherapy,

perhaps the overriding task is to manage their anxiety in the room. Beginners may be so anxious about what to say or do that they fail to listen well to the client. Worrying too much about technique at this stage may interfere with beginning therapists' sensitivity to what the client is feeling in the session. Similarly, in their eagerness to get right to the work of therapy, beginners may neglect the necessity of engaging the client and establishing the relationship. Before trainees have had experience with various types of clients, they may also naively believe that there is a right way to do therapy and may try to gain consistency from their commitment to a particular theoretical orientation.

Beginners' work tends to entail more cognitive processes and maybe less exploration of the therapists' own feelings and reactions to the client. Intent on conceptualizing the dynamics of a case, trainees start from an intellectualized approach to therapy, with their emotional involvement split off. For example, beginning therapists may learn to read metaphorical expression and to understand a transferential relationship, but only later do they add the affective elements, what it feels like to be in the room with this client now and what that tells them that words cannot. Trying to think in process terms is extremely complicated, and, instead, they are prone to be enormously concerned with content and afraid they are going to miss something. In addition, it is extremely difficult for them to recognize

their own importance as central figures in their clients' lives.

Because they are unsure about what to bring up in supervision or worried about leaving something crucial out of their report of a session, beginning therapists often cling to copious process notes and want to recite them to their supervisors. These supervisees act as though under a compulsion to get through the full session and feel frustrated when they are stopped to enlarge upon a certain moment rather than having time to finish. Taping the sessions can be used as a way of avoiding having to remember what went on. Furthermore, the hours of labor that go into writing detailed transcripts can itself be a great anxiety management system.

Another function of beginners' reliance on process notes has to do with dependency needs--their attempt to draw out the supervisor and to get the supervisor to do their thinking and make decisions for them by saying, as it were, "Here's the data; tell me what I should do next and what I should say." Insecure about taking on that responsibility, they wish for the supervisor to give them the right answers or to provide them with a script to relieve their anxiety. But eventually, by modeling the supervisor's way of thinking about a case during supervision, beginning therapists come to internalize this ability.

Beginners are in the process of developing their own style, from the way they phrase comments to how they sit in

the room, and may look awkward as they struggle to appear relaxed. One salient dimension of beginning therapists' behavior is their overall level of activity. Beginners can be excessively passive, letting the client ramble, becoming overwhelmed with the material, or getting dumped on. On the other hand, when they do come up with ideas, they may start pouncing on the client with interpretations or asking directive questions because they are so enthusiastic, in contrast to usually just sitting there without knowing what to say. Whereas some individuals deal with their anxiety at the beginning with a basic posture of relative passivity, others defend against their anxiety by being overly active.

Besides learning either to be less withdrawn, or else less intrusive, the beginners' task is not yet to integrate much of their own personality into the therapy, to tap their personal strengths or to remedy their particular blind spots. It is only towards the end of the initial stage that trainees may start to discover their own therapeutic powers and to feel energized by this new-found part of themselves that they can use to heal others. Along with the budding of their own selves as therapists, comes greater independence, the excitement of being spontaneously creative in the room, and the pride of doing something on their own. Much of the reward for beginning therapists derives from initial experiences: the first interpretation they make that is really worthwhile, the first obsessive-compulsive client that fits the description they read about in psychopathology, the

client who shares something with them that they couldn't tell anyone else, the exuberance of having a wonderful session, the awareness that they have truly made an impact on another person.

On the negative side, vulnerability to evaluations and doubts about their competence are major problems for beginners. Not only are the early years of graduate school very tension producing, but training programs select people who are highly motivated to succeed. Beginning therapists' inclination to please the supervisor can outweigh their desire to experiment, to gamble, to act on their intuitions. No matter how often they are told that making mistakes is normal and expected, they continue to see the supervisor as someone who is judging them. Thus, the source of much of the discomfort of beginning therapists is not, "What am I going to say?" but "What am I supposed to say so that my supervisor won't think I'm incompetent?" Due to the confounding effect of this external presence in the room, beginners may frequently be doing therapy for the supervisor rather than responding on the basis of the cues they are getting from the client and what they feel would be the next appropriate thing to do. Contributing to this spectator anxiety is a sibling rivalry that hangs like a pall over the work. The unspoken need to be the best therapist, their supervisor's perfect supervisee, saps tremendous energy that could be spent elsewhere. Beginners may be terrified that their first clients will terminate, anxious both about the evaluations

they will get and what their peers will think.

Since they are just starting to do psychotherapy, beginners are willing to talk openly about their anxieties and will readily admit to their ignorance. Nevertheless, despite their recognition on an intellectual level that they are learners, on a deeper level they may desperately exert themselves to believe that they are fundamentally competent. Students who begin training have, in the past, achieved excellence by learning what is required in order to perform well and find it hard not to think of therapy too as something one learns to do and then goes out and does it. It is terribly frightening to give up the sense of competence on which they have for so long relied and to do something where that is not always available. Beginners who struggle against their helplessness, who are well defended against letting down their guard, may have less access to experiencing the feelings engendered in them by the client and less potential for developing real strength. For many beginners, serious questions about themselves, opened up as a result of doing the work, may ultimately lead to an effort to seek help through their own personal therapy.

Finally, beginners have so much riding on the therapeutic endeavor that when sessions do not go well or when therapies are unsuccessful, it may be devastating to their general self-esteem. So preoccupied with their failures and inadequacies, for them a dangerous pattern of self-doubt emerges. At the opposite extreme is the more

hopeful outcome in which beginning therapists gradually grow to be more comfortable in the room and more secure with themselves, while the self-confidence derived from clinical work generalizes to themselves as people and to their lives outside.

I would now like to briefly highlight some characteristics of more advanced psychotherapy trainees. Building upon a foundation of good listening skills, advanced students are able to apply more sophisticated techniques in therapy. At the same time, having practiced for several years within a single framework, they may be discontent with what they've been doing and in search of new alternatives. However, it is not easy to give up the sense of competence that is conferred with mastery of their chosen approach.

Advanced student therapists emphasize process aspects of therapy--what is happening in the room and how they experience, conceptualize, and use their relationship with the client. In presenting a case in supervision, they are capable of summarizing and condensing a session coherently, depicting its emotional flow, and picking out its consistent thread. Unlike beginners, advanced trainees may spend the supervisory hour on one slice of a session, perhaps expanding this into the central theme of the therapy.

With advanced students there is likely to be more exploration of therapists' emotional reactions to the case. They are better prepared to deal with their own feelings and fantasies about the client both in supervision and in the

room. Nevertheless, some trainees, especially those who are facile at formulating things on a primarily cognitive level, may introduce feelings in a relatively controlled manner and hence may fail to make the transition to use of the self in therapy.

Most of the difficulties and frustrations of advanced students are quite individualized and reside more in the context of a given case than in general problems of beginning to do the work. For instance, highly skilled trainees may encounter a client with whom they are always off on the wrong track; or else, they may suffer from blind spots, such as an unwillingness to see and to interpret sexual or aggressive transferences and countertransferences. Advanced students may be able to announce their own vulnerabilities in supervision and know what they need to work on as a result of previous experience. On the other hand, they may also be reluctant to talk about their deeper anxieties and insecurities, believing that they should have mastered these already and shouldn't be having such feelings at this stage of their development. They may either open up to the supervisor as a confidant or be too embarrassed to reveal their problems, not wanting the supervisor to see that they don't know what they're doing or to think that they're incompetent.

Beyond the point of worrying about how to act as therapists, advanced students settle into the role and start to draw on their own personal resources, those strengths in

their personality that they already possess. They become aware of what they do best and find the kinds of clients they like and are able to work with. They are convinced that there are highly effective ways of doing therapy that they cannot do and reconcile themselves to their limitations.

As advanced trainees embark on forming their own personal identities as therapists, they are already far along in the process of developing a style. Unlike beginners, for whom everything is a shaky blur, advanced students have repeatedly watched their good qualities and special talents come to the fore, as well as the bad habits on which they rely when the situation gets tight. They may have fallen into doing things the easy way and always reaching for their most typical solution. Thus, they might need to be encouraged to take more risks, to test limits with themselves by doing things differently than what they are used to in order to enhance their flexibility when working with various types of clients. However, advanced students may be more set in their ways and more resistant than beginners to critically examining their style, objecting to the supervisor's suggestions because these would involve changing who they naturally are as persons and as therapists.

Increasingly certain of themselves in doing therapy, advanced trainees take more responsibility for thinking through a case. In supervision, they present more of their own ideas and opinions. They make decisions, picking and choosing from their own perceptions of what would be

appropriate to do with a client, and monitor the outcome. When they ask for advice or guidance, they are more selective than beginners and can frequently locate where they are stuck. With their growing store of experience, advanced students view themselves as professionals and demand more respect. The supervisory relationship accordingly becomes more colleaguial, more like a consultation in which ideas are shared and in which therapists may reject or challenge what the supervisor has to say. Although advanced trainees may be more sensitive to criticism, they are less threatened by it and are, for the most part, past evaluation concern and sibling rivalry issues. Indeed, competition may arise in the supervisory relationship, particularly around long-term cases transferred to a new supervisor, where therapists might feel ownership of the client or where the tempo and style of the therapy have long since been established. Extended disagreement may also ensue when the work is giving the therapists gratification but might not, in the supervisor's eyes, be very therapeutic.

The rewards for advanced students involve the excitement of seeing real improvement in a client, going through a planned termination, feeling secure in their abilities and professional selves. They may end training conscious of their own evolution as therapists and having a trajectory to follow in the future. With a mixture of satisfaction and disappointment, they come to the realization that they will have to go on learning for the rest of their lives about

therapy if they are to do it well and that this learning will importantly include increasing knowledge of themselves. Finally, in spite of years of experience, they may continue to doubt whether they are really doing therapy well and may be reassured that, because it is essentially an art, it is generic to psychotherapy that nobody ever feel they are doing it right, that everyone is always a little bit lost, and that no one knows what to do at every moment. They must also accept that the anxiety inherent in the work is never overcome. Yet contrary to the paralyzing anxiety of the beginner, their anxiety about how they might interact with each new client is a constructive one, without which they would be far less effective psychotherapists.